

TENNESSEE REGULATORY AUTHORITY

Sara Kyle, Chairman
Lynn Greer, Director
Melvin Malone, Director



460 James Robertson Parkway
Nashville, Tennessee 37243-0505

February 21, 2002

Mr. Gregory O. Welch
President/CEO
AmeriCom Communications
P.O. Box 519
Rio Vista, CA 94571-0519

Dear Mr. Welch:
Re: SGA, Inc.

Docket 99-00713

On September 20, 1999, SGA, Inc. submitted a reseller application to offer interexchange long distance services in the state of Tennessee. According to our records, your reseller application has not been approved by the TRA.

Due to the time your application has been active, please provide any updated information that we may need to process your application. If you do not wish to pursue your certification at this time, please submit a letter requesting withdrawal of your application.

Sincerely,

A handwritten signature in cursive script that reads "Carol Timberlake".

Carol Timberlake
615-741-2904 ext. 151

cc: Azmeena Bhanji

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

2nd Req.
 2/21/02
 Postmark
 Here

Sent To Azmeena Bhanji
Ameri Comm. Comm. (SGA)
 Street, Apt. No., or PO Box No.
 City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

2/21/02
 Postmark
 Here
 2nd
 request

Sent To Gregory D. Welch
Ameri Comm. Comm. (SGA) Mr. Welch
 Street, Apt. No., or PO Box No.
 City, State, ZIP+ 4

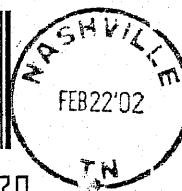
PS Form 3800, May 2000 See Reverse for Instructions

TENNESSEE REGULATORY AUTHORITY
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

CERTIFIED MAIL



7000 1530 0001 6239 9570



U.S. POSTAGE
03.94:
H METER 545386

Mr. Gregory O.
President/CEO
AmeriCom Communications
P.O. Box 519
Rio Vista, CA 94571-0519



UNCLAIMED

2/26
3/5
3/19

94571-0519 04



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	
	<p>X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type		
<p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number (Copy from service label)

7000 1530 0001 6239 9570

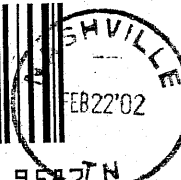
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

TENNESSEE REGULATORY AUTHORITY
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505

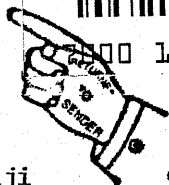
CERTIFIED MAIL



U.S. POSTAGE

03.94:

H METER 545386



UNCLAIMED

Ms. Azmeena Bhanji
AmeriCom Communications
P.O. Box 519
Rio Vista, CA 94571-0519

2/20
3/5
3/13

34571+0519 04



TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Ms. Azmeena Bhanji
AmeriCom Communications
P.O. Box 519
Rio Vista, CA 94571-0519

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

CT 7000 1530 0001 6239 9587

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952